

SURVEY AND TECHNICAL ASSISTANCE GUIDE

ASSISTED LIVING FACILITIES

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Division of Medicaid
Bureau of Facility Standard

I. INTRODUCTION

The Bureau of Facility Standards (BFS) conducts Health Care and Food Sanitation Surveys and Fire/Life Safety Surveys to determine the facility's compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho.

Initial surveys are announced. All other surveys, complaint investigations, and critical incident investigations are unannounced.

While the facility is to comply with all rule requirements, the surveys will focus on identified core requirements that produce outcomes for residents served in residential care or assisted living facilities. The survey process promotes input from consumers, family members/representatives, and staff to evaluate outcomes.

Rules can be categorized and defined as follows:

- *A structure requirement* refers to those rules the facility is to meet to be licensed. Examples of structure requirements are those requirements regarding construction, furnishings, linens, dishes, etc.
- *A process requirement* refers to activities with which the facility is to comply to participate in the licensed program. These processes are to be in place and maintained, but may take varying forms. Policies and procedures, resident assessments, and staff training are examples of process requirements.
- *An outcome requirement* details the desired results for residents of facility procedures and practices. Outcomes can be positive or negative and reflect experiences of the resident that affect their quality of life and care. Desirable outcomes for residents might include: individualization, dignity, health, safety, socialization, adequate care, self-determination, community integration, personal growth, and resident satisfaction.

The goal of the survey process is to ensure the health, safety, and welfare of persons receiving services in residential care or assisted living facilities. The intent of the survey process is to effectively, efficiently, and fairly identify deficient practices that result in potential or actual negative resident outcomes, without review of every rule requirement. However, the process allows flexibility to expand the survey when needed. All survey types include a review of the core areas. The survey process was developed to be used for all facilities and to focus the residential care or assisted living surveyor's attention on outcomes.

Survey type will be determined by off-site review conducted prior to the on-site visit. Providers meeting the criteria for an abbreviated survey will have a less intensive review. Providers who do not meet the criteria for an abbreviated will have a standard or initial survey. Department discretion may address individual cases where an exception may be made to the survey type. If the assisted living surveyor identifies a concern regarding a core area, the survey process may be expanded. Additional information will be gathered to clarify concerns and to determine if the facility is in compliance.

The survey process includes provision for technical assistance. Technical assistance adds value to the survey process by offering facilities information to help develop and/or enhance competencies and expertise needed to improve the quality of life and care of residents.

II. PRINCIPLE FOCUS OF THE ASSISTED LIVING SURVEY PROCESS

The principle focus of any survey is the resident's quality of life and care outcomes. Review of the core areas determines if:

- Residents' rights are protected;
- Services are provided to residents in accordance with their needs, preferences, and resident resources as identified in the negotiated service agreement;
- Residents' nutritional needs are met in accordance with their needs, preferences, and as identified in the negotiated service agreement;
- A safe and homelike environment is maintained;
- Staff have the capacity and training to perform their assigned job duties; and
- The facility provides an effective medication system in compliance with the rule requirements.

The primary methods of information gathering are observation and interview. Record review may occur after completion of observations and interviews to confirm or resolve specific compliance issues or concerns.

III. RESIDENTIAL CARE OR ASSISTED LIVING SURVEY PROCESS TYPES

A. ABBREVIATED SURVEY PROCESS

Criteria: The abbreviated survey process will be used for facilities with good compliance history that meet the following:

- Existing license; and
- No core issues cited within previous two (2) surveys of any type.

The abbreviated survey process focuses on observations and interviews. Observations and interviews are used to evaluate how the individual needs and preferences of residents are met. **If concerns in core areas are not identified through observations, interviews, and limited record review, the survey is concluded.** If concerns are identified, the survey team will meet with the administrator or designated representative to clarify concerns. The survey team will determine if the facility is in compliance or if more information and investigation is needed to determine compliance.

Tasks

The following are the tasks for an abbreviated survey:

1. Off-site review
2. Entrance Conference
3. Tour of the facility
4. Observations
5. Interviews: residents, family members/representatives and staff
6. Record review
7. Idaho Food Code Review
8. Technical assistance
9. Exit conference

1. Off-site review

This task establishes the type of survey to be conducted and identifies areas of concern. The surveyor reviews the compliance history of the facility. Pertinent information to review includes:

- Current application;
- Previous survey findings to include punch lists;
- Enforcement;
- Correspondence;
- Waivers;
- Floor plans;
- Facility self-reports;
- Complaints; and
- Administrator license.

2. ENTRANCE CONFERENCE

The purpose of this task is to make introductions, explain the survey process, and obtain an overview of the resident population and the services the facility provides. The surveyor provides the administrator or designated representative an Entrance Conference Check List, and Roster/Sample Matrix, if the facility does not have the documents available.

The survey team is also to telephone the area office of the Commission on Aging, notifying the Commission that the facility is under survey and to obtain information they have regarding the facility.

3. TOUR

The surveyors tour the facility with staff, if available. During the tour, the surveyor talks with staff and residents in order to gather a general understanding of the level of services provided by the facility and resident's perception of the facility and the services received.

During the tour, the surveyor makes general observations to determine:

- Whether the environment is clean, comfortable, home-like, and accessible;
- How medications are stored and protected;
- How residents interact with one another;
- How staff interacts with residents;
- Are staff providing care safely;
- Whether adaptive equipment is clean and well maintained; and
- What the overall appearance of the residents is;

4. OBSERVATIONS

This task builds on the general observations and interview made during the tour. Observations focus on residents during varying times and settings. These observations evaluate if the facility promotes and protects rights and dignity, evaluates how the residents' needs and preferences are met and if the facility has obtained medication orders, signed and dated by a physician or authorized provider, for medications the residents are taking.

Observations of the following may be included:

- Whether the environment is clean, comfortable, home-like, and accessible;

- How medications are stored and protected;
- How residents interact with one another;
- How staff interacts with residents;
- Whether adaptive equipment is clean and well maintained;
- What the overall appearance of the residents is; or
- Are care and services being provided appropriately?

5. INTERVIEWS: RESIDENT, FAMILY MEMBERS/REPRESENTATIVES AND STAFF

Interviews are conducted to determine how the resident, family members/representatives, and staff perceive the services delivered by the facility and to clarify information gathered during observations. Interviews are informal and conducted in a private location, within the resident's right to refuse an interview or request that others (staff/family/representative) be present.

In the abbreviated survey process, there are not a required number of interviews to be conducted with residents, family members/representatives, and staff. The surveyor should build on the general information gathered during the tour by speaking with residents, family members/representatives, and staff until adequate information is gathered to determine the quality of life and care in the facility. The interview process provides residents, family members/representatives, and staff an opportunity to verbalize feelings about care, treatment, and services provided. The surveyor will investigate concerns for which the Department has regulatory authority, conveyed during the process and will expand the survey to clarify concerns and to determine if the facility is in compliance. If appropriate, referrals will be made to other agencies.

6. RECORD REVIEW

A. Resident

Although no resident sample will be selected for full review, the following numbers of residents will be reviewed to determine that physician or authorized provider orders for medications are current and match the medications taken by the resident.

3 - 10 resident census – 3 residents

11 – 20 resident census – 4 residents

21 – 50 resident census – 7 residents

51 and up resident census – 10 resident

If observations of residents and interviews with residents and family members/representatives do not raise concerns, **no further review of the resident record is required.** If concerns with care and services are identified, the content of the record will be evaluated in order to confirm or obtain needed information to determine compliance. Surveyors will need to review the last six months of documentation in the resident records. If a surveyor determines that this does not provide adequate information to make compliance decisions the next six months can be reviewed. This is a potential for reviewing the last 12 months. However the surveyor will need to determine if the facility has identified the deficient practice and corrected the problem – if so it would not be cited as a core deficiency or punch list deficiency.

B. Staff

If concerns with care and services are identified, at least two staff records will be evaluated in order to determine compliance in the areas of:

- Training;
- Criminal history clearance; and
- Job responsibilities.

If concerns are identified, additional records will be reviewed to confirm or obtain needed information to establish the extent of the deficient practice.

7. IDAHO FOOD CODE REVIEW

The purpose of this task to determine if the facility is preventing food borne illnesses by following five key public health interventions; demonstration of knowledge, employee health controls, controlling hands as a vehicle of contamination, time and temperature parameters for controlling pathogens, and the consumer advisory.

8. TECHNICAL ASSISTANCE

This task promotes quality of life and care by adding value to the regulatory process through technical assistance to providers. Technical assistance includes but is not limited to:

- Interpretation of licensing requirements;
- Guidance related to resident quality of life and care;
- Review of providers systems, processes and policies within the context of the rule requirements;
- Provision of information regarding non-core issues;
- Provision of information regarding new or innovative programs adding quality of life and care; and
- Provision of information related to available resources.

Technical assistance **does not** relieve providers of their responsibility to comply with the rules. Facilities remain subject to regular survey and enforcement activities, regardless of having received technical assistance services.

9. EXIT CONFERENCE

Throughout the survey process, the surveyor will inform staff of identified issues and seek additional information about the issue. At the completion of the survey, the surveyor conducts an exit conference with the administrator or designated representative. The general objective of this meeting is to explain the preliminary findings and areas of concern, if any. If surveyors do not raise a concern as a potential deficiency during the exit conference, that concern may not be cited on the final survey report. In addition, the survey team will review with the provider the non-core deficiencies Punch List and provide them a copy.

B. STANDARD – HEALTH CARE

Criteria: The standard survey process will be used for facilities that meet the following:

- Have an existing license;
- Facility's receiving first survey within three (3) months of licensure;
- Facility's receiving second survey within fifteen (15) months of licensure; and
- Facilities that had a core issue cited with previous two (2) surveys of any type.

Observation and interview will be used to gather data during the survey. Review of resident records and facility records will be conducted to further investigate concerns identified by observation and interview findings and to determine compliance with process requirements.

Tasks

1. Off-site review
2. Entrance Conference
3. Tour of the facility
4. Sample selection
5. Observations (Throughout the survey)
6. Interviews: residents, family members/representatives and staff
7. Record review
8. Idaho Food Code Review
9. Technical assistance
10. Exit conference

1. Off-site review

This task establishes the type of survey to be conducted and identifies areas of concern. The surveyor reviews the compliance history of the facility. Pertinent information to review includes:

- Current application;
- Previous survey findings to include punch lists;
- Enforcement;
- Correspondence;
- Waivers;
- Floor plans;
- Facility self-reports;
- Complaints; and
- Administrator license.

2. ENTRANCE CONFERENCE

The purpose of this task is to make introductions, explain the survey process, obtain an overview of the resident population and the services the facility provides, and request needed material. The surveyor provides the administrator or designated representative with an Entrance Conference Check List and a Roster/Sample Matrix, if the facility does not have the documents available.

The team is also to telephone the area office of the Commission on Aging, notifying the Commission that the facility is under survey and to obtain information they have regarding the facility.

3. TOUR

The surveyor tours the facility with staff, if available, and meets as many residents and staff as possible. During the tour, the surveyor's attention focuses on resident rights, dignity and privacy, environment, and safety. Observations during the tour will be used to identify residents to include in the survey sample, for example:

- Whether the environment is clean, comfortable, home-like, and accessible;
- How medications are stored and protected;
- How residents interact with one another;
- How staff interacts with residents;
- Whether adaptive equipment is clean and well maintained;
- What the overall appearance of the residents is;
- Are care and services being provided appropriately; and
- Are there residents that should be included on the sample selection?

4. SAMPLE SELECTION

The resident sample size will be a minimum of three (3) and maximum of ten (10). The size of the sample must be proportionate to the current resident census at the time of the survey team's entry to the facility.

3 - 10 resident census – 3 sampled
11 – 20 resident census – 4 sampled
21 – 50 resident census – 7 sampled
51 and up resident census – 10 sampled

Using information from the off-site preparation, tour, introductory interview, and Roster/Sample Matrix, select specific residents with varying care needs to be in the sample. Some considerations may include:

- Residents who are interviewable and non-interviewable in proportion to the numbers of each residing in the facility;
- Residents who use, or may need, adaptive equipment;
- Residents receiving hospice or home health services;
- Residents with restricted communication or use English as a second language;
- Residents within varying wings/floors in large facilities;
- Skin integrity of residents, i.e., bruises, abrasions, skin tears, pressure sores;
- Residents who receive special diets;
- Residents who receive psychotropic medications;
- Residents who are without representation;
- Residents with sensory impairments;
- Residents who are Department clients;
- Residents with inappropriate behaviors;
- Residents who were admitted within the last fourteen (14) days; and
- Residents with swallowing/chewing problems.

5. OBSERVATIONS

This task builds on the general observations made during the tour. Observations focus on the sampled residents during varying times and settings. These observations evaluate if the facility promotes and protects resident rights and dignity, how the residents' needs and preferences are

met, whether the negotiated service agreement is being implemented, and whether residents are being assisted with medications in accordance with the requirements of the assistance with medication delegation model. Observations of sampled residents should be as frequent as needed to determine if the facility is in compliance regarding the following:

- Resident rights;
- Meals;
- Activities;
- Medication assistance;
- Resident behavior and demeanor;
- Staff interaction;
- Homelike environment and safety;
- Resident appearance;
- Staff ability to perform job duties;
- Resident use of adaptive equipment;
- Staff use of equipment;
- Activities of daily living;
- Positioning/transferring;
- Skin integrity; and
- Assistance with medications for sampled residents – from three (3) to ten (10). (To include different routes and assistance by different staff, if available.)

6. INTERVIEWS: RESIDENT, FAMILY MEMBERS/REPRESENTATIVES AND STAFF

Interviews are conducted to determine how resident, family members/representatives and staff perceives the services delivered by the facility, and to clarify information gathered during observations. Interviews are informal and conducted in a private location. The number of interviews required is equal to the size of the sample.

A. Residents:

Interview residents about the care and services they receive. Whenever possible, the sample should include interviewable and non-interviewable residents. The surveyor will conduct interviews of all sampled residents who are interviewable. If unable to sufficiently complete this number of interviews in the facility, the surveyor may visit the day programming/work site for residents. Resident interviews focus on the quality of life and care in the facility. This interview gives the resident an opportunity to verbalize feelings about care, treatment, and services being provided. Interviews are informal and conversational and must be conducted in a private location. Resident's have the right to refuse an interview or request that others (staff/family/representative) be present.

The surveyor will investigate any concerns conveyed during the interview.

B. Family Members/Representatives:

For all sampled residents who are non-interviewable, the surveyor will conduct interviews of family members/representatives. This will give the family members/representatives an opportunity to describe the quality of services provided to the residents. If possible, the survey team is to interview family members or representatives present at the facility during the survey, if

the family member or representative is willing to interview. In addition, the survey team may also contact family members or representatives by telephone for interview. If family members/representatives are not immediately available by telephone, the surveyor should set time limits so that return calls will not interfere with completion of the survey in a timely manner. If family members of sampled residents cannot be contacted in a timely manner, there is no need to contact families of non-sampled residents.

C. Staff

The interview process includes interviews with caregivers. The surveyor will interview a minimum of two (2) and a maximum of five (5) staff. The interview will obtain information to:

- Verify information obtained from other sources;
- Obtain information about staff knowledge of a resident's need for services and supervision;
- Identify the type and frequency of services provided;
- Gain information about specific safety procedures; and
- Validate training.

7. RECORD REVIEW

A. Resident

Record review will be conducted on each sampled resident once the resident has been interviewed or there has been an attempt to contact a family member/representative. The primary intent of reviewing the record is to confirm and obtain needed information to make compliance decisions. Resident records are reviewed for those residents identified as being the sample selection. The surveyor will need to review the last six months of documentation in the resident records. If a surveyor determines that this does not provide adequate information to make compliance decisions the next six months can be reviewed. This is a potential for reviewing the last 12 months. However the surveyor will need to determine if the facility has identified the deficient practice and corrected the problem – if so it would not be cited as a core deficiency or punch list deficiency. The records are reviewed to evaluate process requirements and to verify compliance with the following requirements:

- Assessments;
- Interim Plan of Care
- Negotiated Services Plans;
- Admission Agreements;
- Notes;
- Incident reports;
- Medication assistance;
- Physician or authorized providers orders for medications, treatments, and diet;
- Protection from abuse;
- Protection from neglect;
- Protection from exploitation;
- Adequacy of care; and
- Environmental safety.

B. Staff

The primary intent of the staff record review is to confirm or obtain needed information regarding compliance in the areas of:

- Training;
- Criminal history clearance; and
- Job responsibilities

A review of a minimum of two (2) and maximum of five (5) staff records is required.

3-10 resident census-2 staff records

11-20 resident census-3 staff records

21- 50 resident census-4 staff records

51 and up resident census-5 staff records

If concerns are identified, the surveyor will review additional records to confirm or obtain needed information to establish the extent of the deficient practice.

8. IDAHO FOOD CODE REVIEW

The purpose of this task to determine if the facility is preventing food borne illnesses by following five key public health interventions; demonstration of knowledge, employee health controls, controlling hands as a vehicle of contamination, time and temperature parameters for controlling pathogens, and the consumer advisory.

9. TECHNICAL ASSISTANCE

This task promotes quality of life and care by adding value to the regulatory process through the technical assistance to providers. Technical assistance includes but is not limited to:

- Interpretation of licensing and certification requirements;
- Guidance related to resident quality of life and care;
- Review of providers systems, processes and policies within the context of the rule requirements;
- Provision of information regarding non-core issues;
- Provision of information regarding new or innovative programs adding quality of life and care; and
- Provision of information related to available resources.

Technical assistance **does not** relieve providers of their responsibility to comply with the rules. Facilities remain subject to regular survey and enforcement activities, regardless of having received technical assistance services.

10. EXIT CONFERENCE

Throughout the survey process, the surveyor will inform staff of identified issues and seek additional information about the issue. At the completion of the survey, the surveyor conducts an exit conference with the administrator or designated representative. The general objective of this meeting is to explain the preliminary findings and areas of concern, if any. If surveyors do not raise a concern as a potential deficiency during the exit conference, that concern may not be cited

on the final survey report. In addition the survey team will review with the provider the non-core deficiencies Punch List and provide them a copy.

D. SURVEY PROCESS – Fire/Life Safety

Criteria: All facilities will be subject to the Fire/Life Safety survey which focuses on environmental safety.

Tasks

1. Off-site review
2. Entrance Conference
3. Tour and observations of the facility
5. Interview: staff
6. Facility record review
7. Technical assistance
8. Exit conference

1. ENTRANCE CONFERENCE

The purpose of this task is to make introductions, explain the survey process, and obtain an overview of the environmental safety of the facility. The surveyor provides the administrator or designated representative with an entrance conference check list and obtains a listing of current residents in the facility.

2. TOUR and OBSERVATIONS

The surveyor tours the facility with staff, if available. During the tour, the surveyor's attention focuses on environment and safety.

- Are fire exits and stairways accessible, designated and not blocked?
- Are flammable and/or combustible materials stored on the premises? If so, is there an operable sprinkler system present?
- Is there any fire hazard?
- Is there evidence of inspection for fire protection features in the building such as the sprinkler system, fire extinguishers, and smoke detectors?
- Are there any hazards that may contribute to falls?
- Does staff know the emergency plan for various kinds of emergencies and their responsibilities?
- Are fire inspections completed as required?
- Are fire drills conducted as required?
- Does the facility sample private well-water, if appropriate?
- Is the ventilation hood inspected?
- Are fuel fired heating systems/devices being inspected annually?
- Is the interior and exterior of the facility maintained in a clean, safe, and orderly manner?
- Is a call system installed and operable?

All facilities are subject to demonstrating an evacuation drill if the surveyor has established a need to observe a drill based on concerns with consumers' ability to evacuate. If a drill is done, the surveyor will document why it was done and the results.

4. INTERVIEW-STAFF

The interview will obtain information to:

- Verify information obtained from other sources;
- Obtain information about staff knowledge regarding fire drills and emergency; plans and their responsibilities;
- Gain information about specific safety procedures; and
- Validate training.

5. FACILITY RECORD REVIEW

The primary intent of reviewing the record is to confirm and obtain needed information to make compliance decisions. The records are reviewed to evaluate process requirements and to verify compliance with the following requirements:

- Fire drills;
- Fire alarm and fire extinguisher inspection and services;
- Fire suppression systems inspection and service;
- Extinguishers and hood system inspection and services;
- Fuel fired and boiler inspections; and
- Well water inspections.

6. TECHNICAL ASSISTANCE

This task promotes quality of life and care by adding value to the regulatory process through the technical assistance to providers. Technical assistance includes but is not limited to:

- Interpretation of licensing and certification requirements;
- Guidance related to resident quality of life and care;
- Review of providers systems, processes and policies within the context of the rule requirements;
- Provision of information regarding non-core issues;
- Provision of information regarding new or innovative programs adding quality of life and care; and
- Provision of information related to available resources.

Technical assistance **does not** relieve providers of their responsibility to comply with the rules. Facilities remain subject to regular survey and enforcement activities, regardless of having received technical assistance services.

7. EXIT CONFERENCE

Throughout the survey process, the surveyor will inform staff of identified issues and seek additional information about the issue. At the completion of the survey, the surveyor conducts an exit conference with the administrator or designated representative. The general objective of this meeting is to explain the preliminary findings and areas of concern, if any. If surveyors do not raise a concern as a potential deficiency during the exit conference, that concern may not be cited on the final survey report. In addition the surveyor will review with the provider the non-core deficiencies Punch List and provide them a copy.

E. COMPLAINT INVESTIGATIONS

The purpose of a complaint investigation is to evaluate allegations to determine whether they are substantiated and if they resulted from deficient practices. Unlike the standard survey, complaint investigations are highly focused. It is important to let the facility know why the surveyor/survey team is there, but the confidentiality of those involved in the complaint will be protected. The surveyor/survey team does not release information that will cause a loss of opportunities for pertinent observations, interviews, and record reviews, all required for a thorough investigation.

The tasks include:

- Perform off site survey preparation to obtain as much information as possible about the complaint before beginning the investigation;
- Conduct the entrance conference, informing the facility the team is conducting a complaint investigation. However, do not reveal specifics of the complaint;
- Gather pertinent information related to the complaint investigation (using all sources of information, observation, interview, and record review);
- Analyze information collected;
- Determine if the complaint allegation is substantiated;
- Determine if deficiencies should be cited; and
- Conduct the exit conference.

IV. INFORMATION ANALYSIS FOR DEFICIENCY DETERMINATION

Following the survey, the Residential Community Care Program Supervisor, reviews the survey teams proposed deficiencies to determine if a deficiency should be issued, and whether to submit a deficiency for enforcement review.

Survey results could be documented as on or a combination of the following:

A. No deficiencies or Non-Core issues letter

Punch list will be given to the facility at the time of the survey.

A facility will be issued a letter stating that a survey was conducted, and that safe and effective care was found with no deficiencies will be mailed to the facility administrator within ten (10) working days of the exit conference.

B. Statement of deficiency – Core Issues – used to identify incidents of non-compliance that:

- Result in harm; or
- Have a potential for harm; or
- Indicate a breakdown in facility systems that could lead to harm.

Statement(s) of deficiency will be mailed to the facility administrator within ten (10) business days of the exit conference or the completion of the investigation.

In addition, a non-core deficiencies punch list will be given to the facility at the time of the survey.

In an effort to enhance collaboration with other stakeholders in assisted living, survey results will be posted on the Department's web site. Monthly the DHW Regional Medicaid Services, Commission on Aging, Co-Ad, Inc, Department of Veterans Affairs for contracted facilities, and the Idaho Assisted Living Association will be notified of surveys that have been posted to the web site.

V. WRITING THE STATEMENT OF DEFICIENCIES

The Statement of Deficiency (SOD) is a permanent, legal document. It must contain accurate facts and sufficient documentation to facilitate the analysis necessary for enforcement decisions. Deficiencies that result in enforcement action are subject to appeal and legal scrutiny. Because the statement of deficiency forms the basis for enforcement determinations, the report must be complete, accurate, and defensible.

Use the following guidelines to write statements of deficiency:

- **Follow the *Principles of Documentation*;**
- Document if the deficiency is a repeat citation (consecutive surveys) or an uncorrected deficiency (follow-up survey);
- Verify that the correct rule has been selected for the deficient practice identified;
- Describe the deficiency in clear, understandable terms;
- Include the specific dates and times the deficient practice occurred;
- Provide sufficient detail and corroborate findings using **more than one source** (e.g., observation, interview, record review);
- Record facts, not opinions;
- Answer:
 - Who was involved?
 - What occurred (or did not occur)? How did it occur?
 - What did staff do/not do that led to noncompliance?
 - When? (date/time)
 - Where?
 - How was the violation(s) verified? (evidence); and
- Include resident identifiers and staff titles (use staff identifiers if relevant to the deficiency, e.g., Staff A).

Investigate and report how residents are affected by deficient practices whenever possible. For example, when citing insufficient staff, identify how staff shortages affected residents (residents left in bed, activities were not provided, residents wandered, there was insufficient help to respond to emergencies, etc.).

VI. PLANS OF CORRECTION

A. REQUIREMENTS FOR SUBMITTING A PLAN OF CORRECTION

Facilities must submit a plan of correction for each core deficiency identified in the statement of deficiency. Plans of correction must be completed and submitted to the Bureau of Facility Standards within ten (10) calendar days following receipt of the statement of deficiencies.

B. CONTENT OF THE PLAN OF CORRECTION

Each Plan of Correction must contain the following:

- What corrective actions(s) will be accomplished for those areas found to be deficient;

- How you will identify other residents having the potential to be affected by the same deficiency and what corrective action will be taken;
- What measures will be put into place or what systemic changes you make to ensure that the deficiency does not recur;
- How the corrective actions(s) will be monitored to ensure the deficiency does not recur, i.e., what quality assurance program will be put into place;
- Date by which correction will be completed; and
- Signature of the administrator and date.

If you have questions while drafting the plans of correction, you may contact the Bureau of Facility Standards.

VII. VERIFICATION OF CORRECTION

The Bureau of Facility Standards may verify correction of all deficiencies after the established completion dates have passed or may review corrections the next time an assisted living surveyor is at the facility.

VIII. NOTICE OF RESOLUTION OF NON-CORE DEFICIENCIES PUNCH LIST

A. REQUIREMENTS FOR SUBMITTING A NOTICE OF COMPLETION OF PUNCH LIST

Facilities must submit proof of resolution of "punch list" deficiencies to the Bureau of Facility Standards within thirty (30) calendar days following the survey. Special circumstances may exist, which are beyond the control of the facility, prohibiting completion within thirty (30) calendar days, e.g., weather, contractor or material availability or other factors as agreed upon by the Department. However for these items the facility must submit a plan for completion, a date of completion, and a plan for ensuring the safety of the residents until completion. Proof of completion of such items must be submitted to the Department within 6 months of the survey.